

Student Information

Last Name: _____ First Name: _____ Middle I: _____ Person Number: _____

Instructions

Complete this statement and submit to the University at Buffalo Financial Aid Office to certify that you did not file taxes, and were not required to file taxes, in 2015.

Statement

I, _____, did not file taxes and was not required to file taxes in 2015. I
(Print Name)

understand that federal regulations require taxes to be filed based on the following income guidelines:

Filing Status	Age	Minimum W-2 Income Requirement	Minimum Self-Employment Income Requirement
If you are single and can be claimed on another taxpayer's return	Under 65	\$6,300	\$400
Single	Under 65	\$10,300	\$400
	65 or older	\$11,850	\$400
Head of Household	Under 65	\$13,250	\$400
	65 or older	\$14,800	\$400
Married Filing Jointly	Under 65 (both spouses)	\$20,600	\$400
	65 or older (one spouse)	\$21,850	\$400
	65 or older (both spouses)	\$23,100	\$400
Married Filing Separately	Any age	\$4,000	\$400
Qualifying Widow(er) with Dependent Children	Under 65	\$16,600	\$400
	65 or older	\$17,850	\$400

List the employer(s) and any income received in 2015. Attach copies of all W2 statements. Select the Not Applicable box if you did not have any income earned from work in 2015. Attach an additional sheet if extra space is required.

Student's Employer(s) Name	2015 Amount Earned	IRS W-2 Attached
<i>(Example) Suzy's Auto Body Shop</i>	<i>\$2,000.00</i>	<input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
<input type="checkbox"/> Not Applicable (I did not earn income from work)		

Certification and Signature

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature

Date

Spouse (if applicable) Signature

Date